

Michigan Health Insurance Enrollment, Premiums & Losses

Name of Company

NAIC Number

Submission Required By:
 All Property & Casualty Insurers
 All Life & Health Insurers
 All Health Maintenance Organizations
 All HMDI, All AFDS
 All Fraternal Benefit Societies

2006

DUE

3/1/07

Bar Code Required - Place Bar Code Here

Read instructions before completing form

Submit this form with your Michigan Annual Statement.

Policies in Force

Member Months

Number of Lives

Direct Premiums Written

Direct Losses Paid

Individual Business	1	Major Medical-PPA					
	2	Major Medical-no PPA					
	3	Disability Income					
	4	Medicare Supplement					
	5	High Deductible w/HSA					
	6	Short term or 1-time limited duration					
	7	MIChild					
	8	Long Term Care-qualified					
	9	Long Term Care-non-qualified					
	10	Dental					
	11	Vision					
	12	Prescription Drug					
	13	Other: Identify					
	14	Total Individual					
Group Business	15	Small Employer Major Medical (<51)-PPA panel					
	16	Small Employer Major Medical (<51)-no PPA panel					
	17	Large Employer Major Medical (>50)-PPA panel					
	18	Large Employer Major Medical (>50)-no PPA panel					
	19	Union/Taft Hartley Plan Major Medical					
	20	Association Major Medical Medical					
	21	Other Group Medical: Identify					
	22	Disability Income					
	23	Medicare Supplement					
	24	High Deductible w/HSA					
	25	StopLoss/Excess Loss					
	26	Short term or 1-time limited duration					
	27	MIChild					
	28	Long Term Care-qualified					
	29	Long Term Care-non-qualified					
	30	Dental					
	31	Vision					
	32	Prescription Drug					
	33	Medicaid					
	34	Other-identify					
	35	Total Group					
	36	Grand Total (tie to state page)					

Instructions for completing form FIS 0322

All insurers with accident and health authority, disability income authority (including casualty insurers), all nonprofit health care corporations, all nonprofit dental care corporations, all health maintenance organizations, and all alternative financing and delivery systems are required to submit an accurate and complete form FIS 0322. Industry analysts, policy makers and researchers use these data to understand more about Michigan's health insurance market. You must submit a form by the due date, even if your company has had no activity during the year.

The grand totals on this form must equal amounts reported as Michigan business on your annual statement, as shown below:

Property & Casualty Statement-Grand Totals to equal sum of lines 13 through 15.7 on page 20

Life & Accident & Health Statement-Grand Totals to equal line 26 on page 25

Fraternal Statement-Grand Totals to equal line 26 on page 24

Health Statement-Grand Totals to equal totals on the Exhibit of Premiums Enrollment and Utilization and totals on the Underwriting and Investment Exhibit, Part 1.

Complete all columns for each line where business is reported.

Enter all monetary amounts in whole dollars.

Column Instructions:

Column 1-Report the number of policies and group agreements in force as of December 31 of the reporting year. This is the number of individual policies or group policies in force that cover any Michigan citizens, not the number of lives covered under those policies.

Column 2-A member month is coverage for one month for one covered person. It is a measure of exposure. Member months includes dependents as well as a named insureds or subscribers.

Column 3-Total number of Michigan lives as of December 31 of the reporting year. This number is the total of the policyholders/subscribers plus all covered dependents, including spouses.

Column 4-Direct Premium Written. This amount should include premiums for the full policy term arising from policies written during the year.

Column 5-Direct losses paid include all claims on direct business paid during the year.

Line Instructions:

Lines 1 through 5- Major Medical includes major medical, comprehensive medical and other hospital-surgical-medical benefit plans designed to be the insured's primary healthcare coverage. The term does not include short-term or 1-time limited duration coverage, accident-only, specified disease, individual hospital indemnity, credit, dental-only, visual only, prescription drug only, Medicare supplement,

Medicare + Choice, long-term care, disability income insurance, MICHild, coverage issued as a supplement to liability insurance, workers compensation or similar insurance, or automobile medical-payment insurance.

Lines 6 and 26-A short term or 1-time limited duration policy is an individual health policy or certificate that does not cover pre-existing conditions and is issued to provide coverage for a period of 185 days or less, except that the health policy may permit a limited extension of benefits after the date the policy ended solely for expenses attributable to a condition for which a covered person incurred expenses during the term of the policy. It must be nonrenewable, except that the health insurer may provide coverage for 1 or more subsequent 185 day or less periods, if the total of the periods of coverage do not exceed a total of 185 days out of any 365-day period, plus any additional days permitted by the policy for a condition for which a covered person incurred expenses during the term of the policy. It must be available with an immediate effective date, without underwriting, upon receipt by the insurer of a completed application indicating eligibility under the health insurer's eligibility requirements, except that coverage that includes optional benefits may be offered on a basis that does not meet this requirement. Short term individual policies should be reported in the individual section. Short term individual certificates under a group contract issued to a trust should be reported in the group section.

Line 25-Stop Loss/Excess Loss is primary insurance coverage that reimburses an employer or other sponsor of a self-funded health benefit plan for claims beyond a specified specific and/or aggregate attachment point. It does not include a minimum premium plan, which should be reported as employer, union, or association major medical business, as applicable.

Lines 8, 9, 28 and 29-Long term care. Report as qualified all long term care policies considered to be tax qualified. Such policies are guaranteed renewable, only cover qualified long-term care services, and cover only recipients certified as "chronically ill."

Lines 1, 2, 15-18-PPA means Prudent Purchase Agreement, i.e. a policy that requires or encourages the use of a particular panel of providers for benefits under a policy or contract.

Lines 4 and 23-Medicare Supplement is defined in the NAIC annual statement instructions.

Line 5 and 24-High Deductible with HSA means a high deductible medical insurance policy designed to attach after a high deductible funded by a Health Savings Account.

Line 20-For association business, the number of groups means the number of associations, not the number of groups within the association. The total number of lives includes all the member or employees of all the groups that make up every association covered.

Line 7 and 27-MICHild means policies issued through the MICHild program, administered by the Michigan Department of Community Health.

Address questions regarding this form to:
Office of Financial & Insurance Services
Policy Division
Toll free: (877) 999-6442
or Lansing area: (517) 373-1866

Return completed form with your Michigan Annual
 Statement filing or send to this address before the due date:
OFIS - Policy Division
PO Box 30220
Lansing MI 48909-7720

CERTIFICATION I certify that I am an officer of the company named in this report and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature of Company Officer

Date signed

Company Officer's name and title typed or printed

Person and phone no. to contact regarding this report:

PA 218 of 1956 as amended requires filing by all insurers, HMOs and AFDS. Failure to file properly could result in a compliance action against the company.

**Michigan Department of Labor & Economic Growth**

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: www.michigan.gov/ofis

Phone OFIS toll-free at: 1-877-999-6442